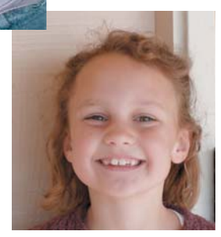
Executive Summary

Santa Clara County's Children and Youth

Key Indicators of Well-Being



Public Health Department
Santa Clara Valley Health & Hospital System

CROSS·SYSTEMS EVALUATION

2003

Santa Clara County's Children and Youth
Key Indicators of Well-Being
2003

Executive Summary

Public Health Department
Santa Clara Valley Health & Hospital System

CROSS•SYSTEMS
EVALUATION

Dear colleagues and community members,

The Santa Clara County Public Health Department, in collaboration with Santa Clara County Cross Systems Evaluation, is pleased to present Santa Clara County's Children and Youth: Key Indicators of Well-Being, 2003 report. A total of 478,643 children under age 18 live in Santa Clara County. This comprehensive report provides extensive data on the status of our children's well-being and highlights significant disparities across health, education, criminal justice and social welfare indicators by age, gender, ethnicity, and race.

The mission of the Public Health Department is to serve all people of Santa Clara County by protecting health; preventing disease, injury, premature death and disability; promoting healthy lifestyles, behaviors and environments; and responding to disasters, disease outbreaks and epidemics. To fulfill this mission, the Public Health Department must continuously monitor the health status of the community and communicate findings to the public at-large. Cross Systems Evaluation is an interagency county initiative that seeks to evaluate the effectiveness of County services for children and youth. An important component of evaluation is ensuring that services address priority issues and populations. The Santa Clara County's Children and Youth: Key Indicators of Well-Being, 2003 report is one way the Public Health Department and Cross Systems Evaluation fulfill their respective missions.

This report is a planning tool for organizations and community groups. It is our hope that the information will serve to heighten awareness about important children's issues and assist in focusing action to address those issues.

Sincerely,

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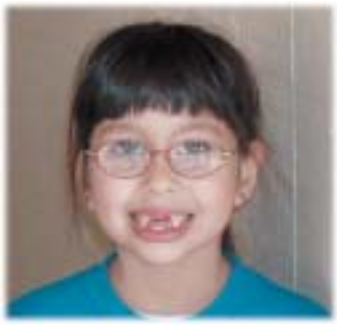

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Introduction

Overview

This document is the Executive Summary of *Santa Clara County's Children and Youth: Key Indicators of Well-Being, 2003* report, collaboratively developed by the Santa Clara County Public Health Department and Cross Systems Evaluation. It serves as an action guide for local agencies, communities, planners, and policy makers to develop plans for improving health and enhancing the quality of life among children and youth in Santa Clara County.

The overall well-being of youth spans a broad spectrum of indicators, which are represented in four domains within the report: Health & Well-Being, Family Stability, School Success, and Community Safety. Well-being of youth is assessed by comparing county-level data for determinants of health emphasized by the Centers for Disease Control's (CDC) Healthy People 2010 Objectives with the rest of California's or the nation's youth. Highlights of the findings are summarized in this Executive Summary on pages 8 and 9.

Nonetheless, some gaps in information regarding youth were identified. Recommended actions towards developing a more complete youth report in the future are outlined in the Next Steps section at the end of this document.

Methodology

Data sources for the report include: (1) results from the California Healthy Kids Survey (CHKS), which was administered to 7th, 9th, and 11th graders in public schools; (2) Public Health Department data (i.e Birth Records, Confidential Morbidity Reports {CMR}, Patient Discharge Database {PDD}, etc.); and (3) secondary countywide data from other County Cross Systems Evaluation partners, relevant surveys, state reports, and local studies. (See the full report for more detailed information on methodology.)

Information from the latter two sources were included if the data were representative of the county population, were no older than 1999, and encompassed the population under 18 years of age.

A total of 16,911 students participated in the CHKS survey. Of these, 927 students did not check their grade level and were excluded from final analysis. The final sample included 15,984 students: 47.9% males and 52.1% females. The proportion of students in 7th, 9th, and 11th grades were 42.8%, 29.9%, and 27.3% respectively. The student sample was 29.6% White, 26.4% Hispanic, 3.2% African-American, 31.2% Asian or Pacific Islander, 0.9% Native American or Alaskan Natives, and 8.2% unknown.

All public schools in the participating school districts took part in the CHKS unless there were more than 10 schools, in which case 10 schools within the district were randomly selected to participate. Consent from parents was obtained before administering the survey. Because the demographics of the student population in the CHKS differed from the demographics (race/ethnicity, grade, and gender) of the student population of Santa Clara County, weights were created to make the student population in the final analysis more representative of the Santa Clara County student population. Both univariate and bivariate analysis were performed to compare outcome variables. Statistical significance was accepted at a probability level of 0.05 (two-sided exact significance). It is recommended that readers interpret results from the CHKS with some caution due to potential bias (i.e. refusal rate, student exclusion during sampling, responses from private school students not included, and inconsistencies in answering questions).

County Profile

Demographics

Santa Clara County was home to 1,668,309 residents in 2001, nearly 5% of the state's population. Children and youth age 17 and under constituted approximately 34% (478,643) of the entire population.[1,2] Among Santa Clara County children and youth, 34.2% were White, 32.7% were Hispanic/ Latino, 24.6% were Asian; 4.9% were of mixed ethnicity, 2.7% were African American, 0.3% were American Indian or Alaskan Native, 0.3% were Pacific Islander or Native Hawaiian, and 0.3% were

of another race or ethnicity.[3] The county's ethnic and racial diversity is evident also among youth in local schools. The most spoken languages among students in the county's public schools in 2001 were Cantonese, English, Farsi (Persian), Korean, Mandarin (Putonghua), Pilipino (Tagalog), Russian, Spanish, and Vietnamese.[4]

Economics

Santa Clara County is one of the largest and most prosperous counties in California and the nation. In 1999, Santa Clara County had one of the highest median household incomes ($74,335) in California ($47,493 for the state).[5] However, the recent decline in the high-technology industry has contributed to the decline in the county's economy. The county's unemployment rate in January 2003 rose to 8.8%, the highest unemployment rate among all counties in the Bay Area and higher than California's rate of 7.1%.[6]

The poverty threshold was $17,650 for a family of four in Santa Clara County in 2002.[7] About 7% of individuals and 5% of families fell below the poverty level during this time period.[8] In addition, the percent of children receiving free and reduced-cost lunches, a proxy measure for the number of children in low-income families, was 27% during the 2001-2002 school year as compared to 47% statewide.[9]

Housing

Over the past decade, Santa Clara County has experienced rising housing costs and a decrease in available homes. Although the increase in housing costs has slowed, high housing prices, which accompanied the high-technology boom of the late 1990s, and the current economic recession have kept housing affordability low in the County. The median price of a single-family home increased from $335,000 in 1998 to $545,000 in 2002.[10,11] The Housing Affordability Index (HAI) for June 2002 indicated that 27% of the Santa Clara County residents were able to afford a median priced home in the third quarter of 2002. This was a significant increase from a level of 18% in 2000, but lower than the national rate of 56% and state rate of 31%.[12, 13] Furthermore, the high cost of real estate has resulted in more people renting than buying homes in the last five years.[1] Apartment rental prices soared 29% between 1998 to 2001, then dropped to an average of $1,272 in December 2002. The current economic recession along with increased apartment construction have contributed to the lower rents.[14] Lack of affordable housing is one of the causes of homelessness in Santa Clara County. A survey conducted in 1999 among the homeless showed that there were an estimated 20,000 homeless people in Santa Clara County, of which one third were children.[15]

Table of Findings

Indicator	Measure	Santa Clara County	State of California	U.S. Healthy People 2010 (unless indicated)
HEALTH & WELL-BEING				
Access to Health Care				
Health Care Insurance	Percent of uninsured children age 0-17 (2001)	3.1	9.6	NA
Use of Dental Service	Percent of 3rd grade students with a history of tooth decay (2001)	72	NA	42
	Percent of 3rd grade students who visited a dentist in past year (2001)	83	NA	83
Early Childhood				
Early and Adequate Prenatal Care	Percent of mothers who receive prenatal care beginning in the first trimester of pregnancy (2000)	86.6	84.5	90.0
Breastfeeding	Percent of babies who were short-term breastfed (2000)	53	43	75
Infant Mortality Rate	Number of deaths per 1,000 live births (2000)	4.6	5.4	4.5
Perinatal Mortality	Number of deaths per 1,000 live births (2000)	3.9	9.5	1.5
Neural Tube Defects	Spina Bifida rates per 10,000 live births (avg 1995-99)	5	5	3
Immunizations	Percent of children (age 0-2) up-to-date on vaccinations (2002)	77.1	71.7	90.1
Mortality & Morbidity				
Asthma	Hospitalization rates in children (age 0-5) per 10,000 (2000)	24.2	31.7	25.0
HIV/AIDS Education	Percent of middle school students who receive HIV/AIDS education in schools (2002)	64	NA	95
Healthy Behavior				
Physical Activity	Percent of high school students who report engaging in vigorous physical activity more than three days per week (2002)	67.4	NA	85
TV Watching	Percent of high school students who report watching TV two hours or less per day (2002)	45.8	NA	75
Body Weight	Percent of high school students who responded "overweight" when asked, "How do you describe your weight?" (2002)	32.9	NA	29.3 (YRBS 2001)
Nutrition	Percent of persons aged 2 years and older who consume at least two daily servings of fruit (2002)	NA	NA	75
Substance Abuse Tobacco	Percent of high school students who smoked cigarettes in the past month (2002)	11.2	15.0	16
Substance Abuse Drugs	Percent of high school students who used marijuana in the past month (2002)	15.9	18.2	0.7

Table of Findings (continued)

Indicator	Measure	Santa Clara County	State of California	U.S. Healthy People 2010 (unless indicated)
Healthy Behavior	(continued)			
Substance Abuse Alcohol	Percent of middle and high students who reported binge drinking (2002) (2002)	10.6	14.0	2.0
Teen Birth Rate	Number of births per 1,000 females among 15-17 year olds (2000)	17.9	28.6	27.4 (Vital Statistics)[16]
Sexual Behavior	Percent of high school students who reported being currently sexually active (2002)	17.5	NA	33.4
	Percent of high students who reported using alcohol or drugs before last sexual intercourse (2002)	23.6	NA	25.6
Suicide	Percent of of high school students who reported that they had seriously considered attempting suicide in the past 12 months (2002)	19.9	NA	19.0 (YRBS 2001)
FAMILY STABILITY				
Foster Care & Adoption	Prevalence rate per 1,000 children (2002)	5.4	9.1	NA
Domestic violence	Rate of domestic violence-related calls for assistance per 1,000 residents (2001)	3.75	5.7	NA
Child abuse	Substantiated incidence of child abuse per 1,000 children (2001)	7.2	12.3	NA
SCHOOL SUCCESS				
Academic Performance Index (API)	Percent of schools meeting schoolwide growth target (2000-2001)	78	70	NA
High school dropout rate	Rate per 100 students (2001)	1.6	2.8	NA
Per pupil expenditure	Average dollars ($) spent per pupil (1999-2000)	6,521	5,462	6,911 (U.S. 1999-2000)
COMMUNITY SAFETY				
Physical fighting	Percent of high school students who reported being involved in physical fighting at school (2002)	20.3	21.4	33.3
Weapons on School Property	Percent of high school students who reported carrying a weapon on school property (2002)	6.2	NA	6.0
Juvenile Crimes/Offenses	Rate of felony arrests per 100,000 juveniles for all offenses (2001)	1,344.5	1,527.5	NA
Hate crimes	Rate of hate crime incidents per 100,000 population (2000)	3.91	5.78	3.40 (U.S. 2001)

Survey Findings of Key Indicators

This Executive Summary highlights key findings of a few topics areas. The full report includes in-depth information on each topic, the results for several more indicators, and many additional topic areas.

Identifying key findings among the numerous and varied indicators is no easy task. Although readers will be drawn to different data according to their interest, 11 topic areas have been selected to highlight as key findings. Four questions guided their selection. First, do the data represent a Santa Clara County finding that has not been published elsewhere? Second, do the data reveal a disparity, either through comparison with state or national data or across subgroups within the population? Third, do the data reflect an issue that has received particular attention and/or resources within Santa Clara County? Fourth, do the data relate to an immediate critical issue within Santa Clara County?

- **Use of Dental Services**
- **Infant Mortality**
- **Immunization**
- **HIV/AIDS Education**

- **Body Weight, Physical Activity, and Nutrition**
- **Substance Abuse**
- **Sexual Behavior**
- **Suicide**
- **Child Abuse and Domestic Violence**
- **Academic Performance and Expenditures**
- **Violence and Crimes**

Use of Dental Services

Oral health is an important part of children's health and affects how children feel and behave. Poor oral health has been related to poor performance in school, poor social relationships, and reduced success later in life. Having dental caries (tooth decay) is the single most common chronic childhood disease, and is five times more common than asthma and seven times more common than hay fever. Untreated dental caries can also result in inadequate nutrition and speech problems.[17]

Regular dental visits can prevent oral health problems, and provide for early detection and treatment of dental problems. The American Academy of Pediatrics has recommended that a child's first dental visit should occur when a child is one year of age and every six months thereafter.

Medical insurance is a strong predictor of access to dental care. Uninsured children are 2.5 times less likely than insured children to receive dental care.[17]

Oral Health Indicators

	Percent of 3rd Graders with a History of Tooth Decay	Percent of 3rd Graders Who Visited a Dentist in the Past Year	Percent of Children without Dental Insurance
Santa Clara County 2001	72	83	16
California	NA	NA	NA
Healthy People 2010 Objective	42	83	NA

Source: The Health Trust, 2001[18]

A survey conducted by the Health Trust in 2001 revealed that approximately 16% of children in Santa Clara County did not have dental insurance. Furthermore, Hispanic children were twice as likely to not have dental insurance compared to White and Asian children. Hispanic and Asian children were more likely to have untreated decay than White children. The Health Trust survey also showed that among third grade children, approximately 72% had a history of tooth decay. The national goal is for no more than 42% of 3rd graders to have a history of tooth decay.[18]

According to CHKS survey results, more than 80% of Santa Clara County children reported that they had visited a dentist in the 12 months prior to the survey. Females were significantly more likely to have been to the dentist than males. In addition, more 9th graders than 7th or 11th graders had seen a dentist.

Infant Mortality

BACKGROUND

The infant mortality rate (number of deaths per 1,000 live births) is the proportion of babies who are born in a given year and die within their first year of life. Infant mortality rate is a critical indicator of a population's health. Infant mortality rates reflect the overall state of maternal health as well as the quality and accessibility of primary health care available to pregnant women and infants. Despite steady declines in the 1980s and 1990s, the rate of infant mortality in the United States remains among the highest in the industrialized world.[19]

HOW ARE WE DOING?

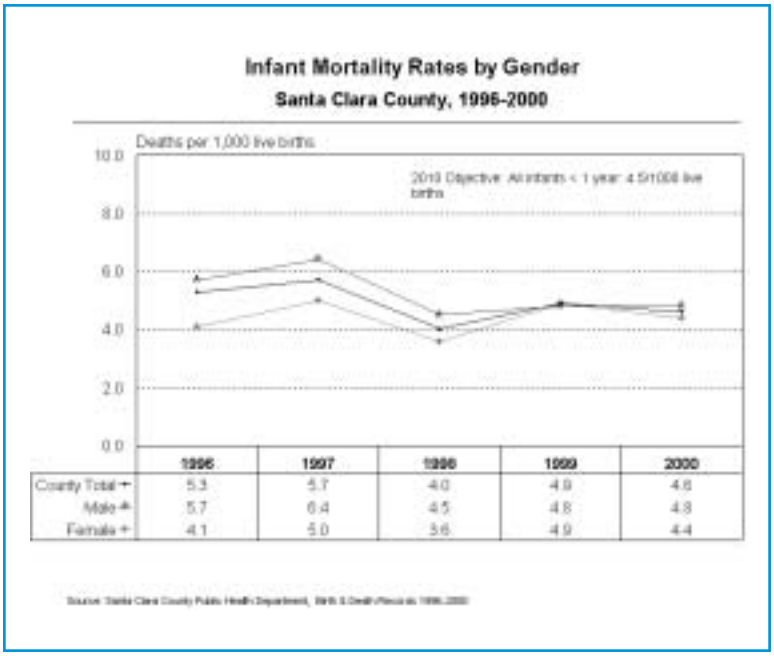
Infant Mortality Rates (Number of deaths per 1,000 live births)

	Infant Mortality*	Neonatal Mortality*	Perinatal Mortality*
Santa Clara County 2000**	4.6	3.4	3.9
California 2000***	5.4	3.7	9.5
Healthy People 2010 Objective	4.5	2.9	1.5

*Note: See glossary for definitions.
**Source: Santa Clara County Public Health Department, 2000
***Source: State of California, Department of Health Services, Birth and Death Records, 2000

KEY FINDINGS

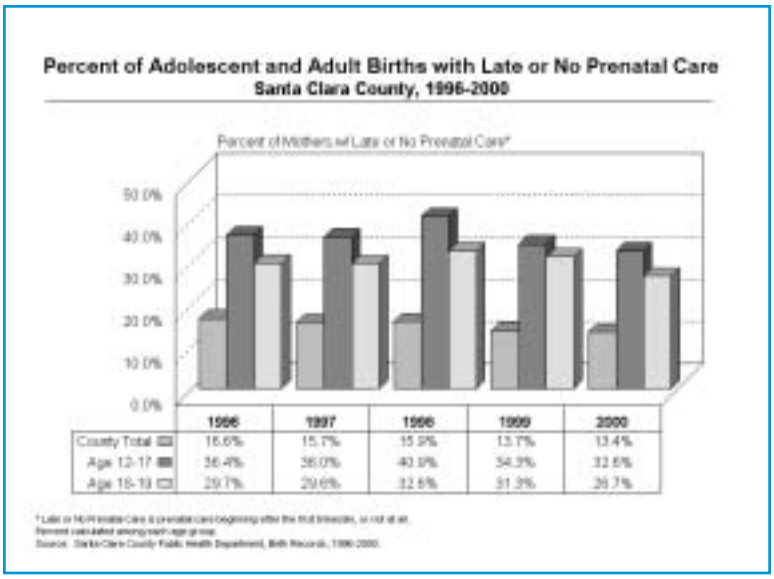
Infant mortality rates declined among both males and females in the County between 1996 and 2000. However, disparities in infant mortality do exist across race and ethnicity, maternal age, and infant birth weight. Over the past five years, infant mortality rates for Hispanics were significantly higher than rates for Whites/Others and Asian/PIs. The infant mortality rate for Hispanics in 2000 was 6.0 deaths per 1,000 live births, well over the Healthy People 2010 Objective of 4.5. The infant mortality rate among African Americans was estimated to be 12.2 deaths per 1,000 live births. However, the data were not graphed because the rates were considered unreliable due to the small numbers of African Americans in the Santa Clara County population.



Prenatal Care

Early and adequate prenatal care contributes to the reduction of infant mortality by preventing complications through the early identification of potential risks and behavioral factors that contribute to poor birth outcomes. In 2000, about 86% of Santa Clara County mothers received prenatal care beginning in their first trimester of pregnancy, which is just under the Healthy People 2010 goal of 90%.[20]

Adequate prenatal care includes the consumption of folic acid to reduce the risk of neural tube defects among infants, such as spina bifida. However, a recent Public Health Study in the County found that only half of women of childbearing age (18 to 44 years old) reported consuming folic acid, which is far below the Healthy People 2010 objective of 80%.[21]



The percent of adolescent mothers with late or no prenatal care is nearly twice that seen in the total population.

Immunizations

BACKGROUND

Immunizations help protect children against illness, disability, and death caused by common infectious diseases that are vaccine preventable. These diseases, such a measles, rubella (German measles), mumps, diptheria, and tetanus (lockjaw), can lead to serious and even life threatening complications. However, in recent years, the incidence of these diseases has declined to record lows because of increased access to vaccinations made possible by a national immunization campaign. Other diseases that childhood vaccines prevent are polio, pertussis (whooping cough), Heamophilus influenza type b (Hib disease – a major cause of bacterial meningitis), hepatitis B, varicella (chicken pox), and pneumococcal (causes bacterial meningitis and blood infections).

Immunization status of children 0-2 years old is a proxy measure of young children's access to a medical home and ongoing well-child care. The implementation of an electronic Immunization Registry Information System (IRIS) is underway in Santa Clara County, with the goal of monitoring the immunization status of all children in the County. As of January 2002, more than 150,000 children had their immunization histories in the registry. Once all immunization providers are enrolled in the registry, children's immunization coverage can be assessed and updated at every opportunity, ultimately resulting in improved immunization coverage rates.

HOW ARE WE DOING?

Up-to-Date Vaccinations
Percent of Children Age 0-2

	Kindergarten Retrospective Survey*	National Immunization Survey**
Santa Clara County 2002	75.1	77.1
California 2002	71.0	71.7
Healthy People 2010 Objective	90.1	NA

*Source: California Department of Health Services, Immunization Branch, Kindergarten Retrospective Survey 2002

**Source: National Immunization Survey, 2002

KEY FINDINGS

According to the Kindergarten Retrospective Survey, County immunization rates increased from 72% to 75% between 1999 and 2002. The increase was seen among all groups, most significantly among African-Americans. Hispanic children had the lowest immunization coverage: only 65% of Santa Clara County's Hispanic children were immunized in 2002.

According to another source, the National Immunization Survey, Santa Clara County was second in the nation to Florida's Miami-Dade County for achieving a high rate (77.1%) of immunization coverage during the third quarter of 2001 through the second quarter of 2002 for the recommended childhood immunization series. Santa Clara County's rate of 77.1% was a 7.9% increase from the previous year and was 5.4% above California's immunization rate.[22]

HIV/AIDS Education

BACKGROUND

HIV (human immunodeficiency virus), the virus that causes AIDS (acquired immunodeficiency syndrome), infects and takes over certain cells of the immune system that are important in fighting disease. Transmission of HIV can occur in three ways: sexual transmission, exchange of bodily fluids or blood products (i.e. needle sharing or blood transfusion), or from mother to baby during pregnancy or birth. Interventions to prevent HIV infection focus on promoting HIV testing; providing messages against needle sharing; and educating the public on safer sexual behavior, such as using condoms consistently and correctly, use of intravaginal microbicides, reducing the number of sex partners, and knowing the serostatus of one's partner. HIV/AIDS prevention and intervention programs should include both behavioral and biomedical strategies.

HOW ARE WE DOING?

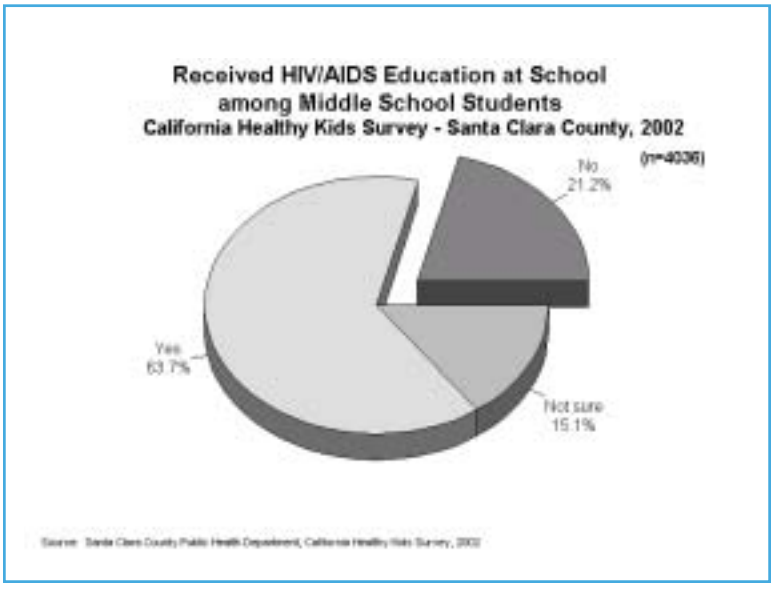
Percent of Students who Receive HIV/AIDS Education in Middle School

Santa Clara County 2001	64
California	NA
Healthy People 2010 Objective	95

Source: Santa Clara County Public Health Department, California Healthy Kids Survey, 2002

KEY FINDINGS

Approximately 64% of middle school students surveyed in Santa Clara County reported receiving HIV education at school. The proportion of students who reported not receiving HIV/AIDS education at school was significantly higher among Hispanics than other groups. The response did not differ between male and female students.



Body Weight, Physical Activity and Nutrition

The incidence of childhood obesity has increased dramatically in recent years. In the United States in 1999, 13% of children age six to 11 and 14% of adolescents age 12 to 19 were overweight. Prevalence levels have nearly tripled for adolescents in the past two decades.[1] In addition, overweight adolescents have an increased chance of becoming overweight or obese adults and are at an increased risk for a number of health problems.

Physical activity and good nutrition are essential for children's growth and development, and for preventing the risks that accompany overweight and obesity. Some of the benefits of physical activity and good nutrition are healthy bodies, weight control, and higher academic performance.[23]

Percent of high school students who responded "overweight" when asked, "How do you describe your weight"

Santa Clara County 2002	32.9
California	NA
National Youth Risk Behavior Survey 2001	29.3

Source: Santa Clara County Public Health Department, California Healthy Kids Survey, 2002

Percent of Adolescents Who Engage in Physical Activity / Percent Who Watch TV for Two Hours or Less Per Day

	Vigorous Physical Activity*	Watch TV for two hours or less per day
Santa Clara County 2002		
9th, 11th grade	67.4	45.8
California	NA	NA
Healthy People 2010 Objective		
9th-12th grade	85.0	75.0

Source: Santa Clara County Public Health Department, California Healthy Kids Survey, 2002
*More than three days a week

KEY FINDINGS

Body Weight: The Healthy People 2010 objective is to reduce the percentage of overweight students to 29%. About two-thirds of students surveyed indicated that they exercise to lose weight. Females were significantly more likely to exercise and control their diet to lose weight than males. More Hispanic students (46%) reported that they were controlling diet to lose weight compared to other races/ethnicities.

Physical Activity: Although nearly half of the high school students surveyed indicated that they exercised at least five days during the week prior to the survey, approximately 10% reported doing no exercise at all. More males than females exercised five days or more during the last week. Whites and African American students exercised more frequently than Hispanics and Asian/PI students. The proportion of students who exercised decreased significantly among students in higher grades.

Percent of Adolescents Who Did No Physical Exercise in the Past Week

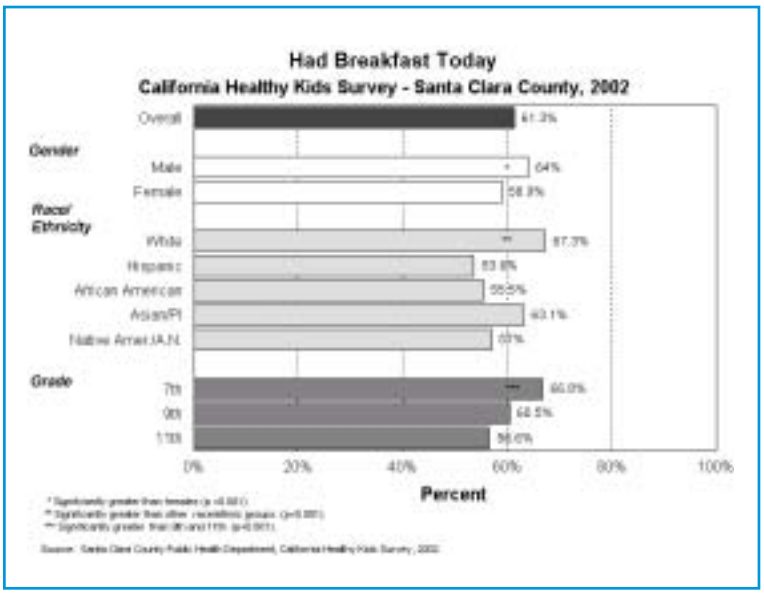
California Healthy Kids Survey - Santa Clara County, 2002

Overall	9.7%
Gender	
Male	7.7%
Female	11.6%
Race/Ethnicity	
White	7.6%
Hispanic	9.5%
African American	8.8%
Asian/PI	12.5%
Native Amer./A.N.	14.5%
Grade	
7th	5.7%
9th	6.1%
11th	17.4%

Source: Santa Clara County Public Health Department, California Healthy Kids Survey, 2002

Ten percent of students report doing no exercise at all.

Nutrition: Overall, about 61% of students reported eating breakfast on the day of the survey. More male students reported eating breakfast the day of the survey than female students. White students were significantly more likely to have had breakfast than all other races/ethnic groups. Seventh graders were more likely to eat breakfast than 9th or 11th graders.



In addition, 78% of all students surveyed reported eating fruits and 81% reported eating vegetables during the past 24 hours. The proportion of African-American students who reported eating fruits in the last 24 hours was significantly lower than any other races/ethnic groups. Students in higher grades reported eating fruits less frequently than students in lower grades. Vegetable consumption was highest among Asians/PIs compared to all other races/ethnic groups. Over 50% of students consumed soda or fries at least once in the past day.

Substance Abuse

BACKGROUND

Substance abuse, which includes tobacco, drug, and alcohol use, is a major public health problem among children and teenagers. Adverse health effects from substance abuse include respiratory illnesses, increased cancer risks, depression, impairment of cognitive function, reduced schoolwork productivity, and substance dependence.

HOW ARE WE DOING?

Percent of Adolescents Engaged in Substance Abuse during the Past 30 Days

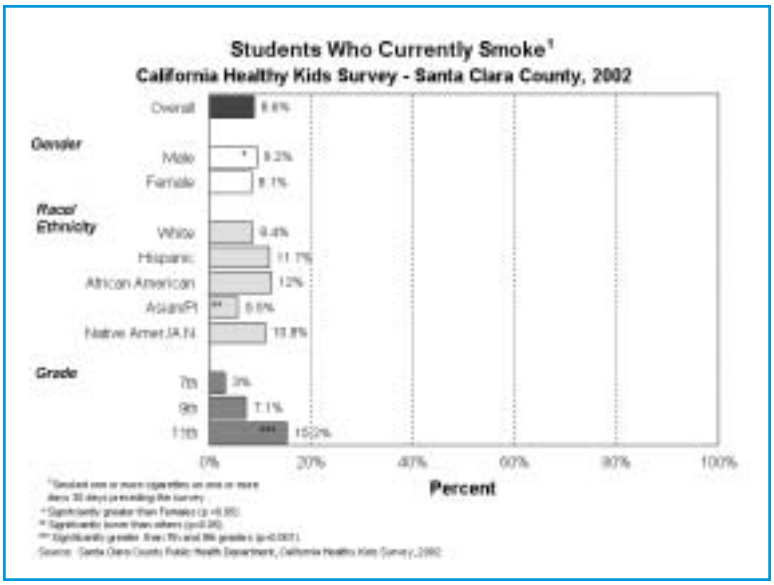
	Smoked Cigarettes (High School)	Used Marijuana (High School)	Binge Drinking* (Middle & High School)
Santa Clara County**	11.2	15.9	38.0
California***	15.0	18.2	43.2
Healthy People 2010 Objective	16.0	0.7	29.0

*Consumed five or more alcoholic beverages on one or more occasions in the 30 days prior to the survey.
**Source: Santa Clara County Public Health Department, California Healthy Kids Survey, 2002
***Source: California Healthy Kids Survey, 2001

KEY FINDINGS

Tobacco: About 9% of the middle and high school students surveyed were current smokers. Current smokers are those who smoked at least once in the 30 days prior to the survey. Current smoker rates were highest for male students, Hispanic males compared to Hispanic females, Asian/PI males compared to Asian/PI females, and 11th grade students compared to 9th and 7th grade students.

Among current smokers in middle and high schools, about 28% smoked 20 or more cigarettes in the past 30 days. About half the current smokers said that they would like to quit smoking, and nearly 95% of all students perceived that frequent smoking is harmful.

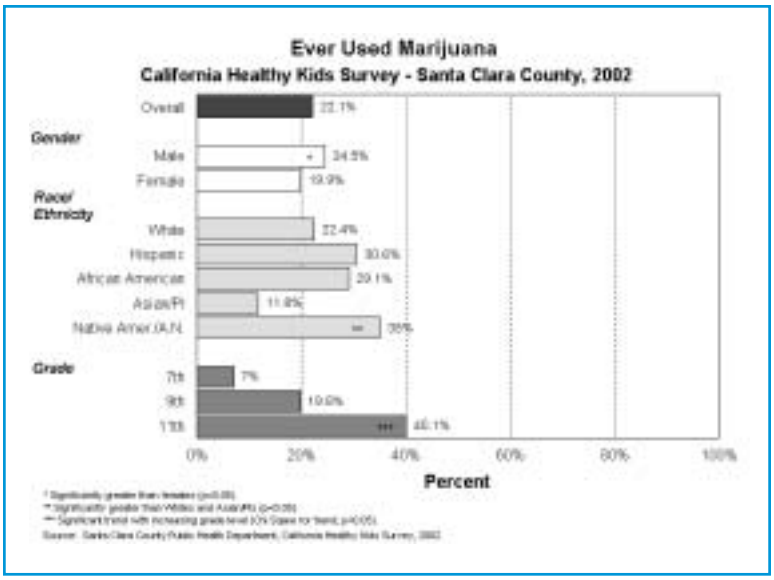


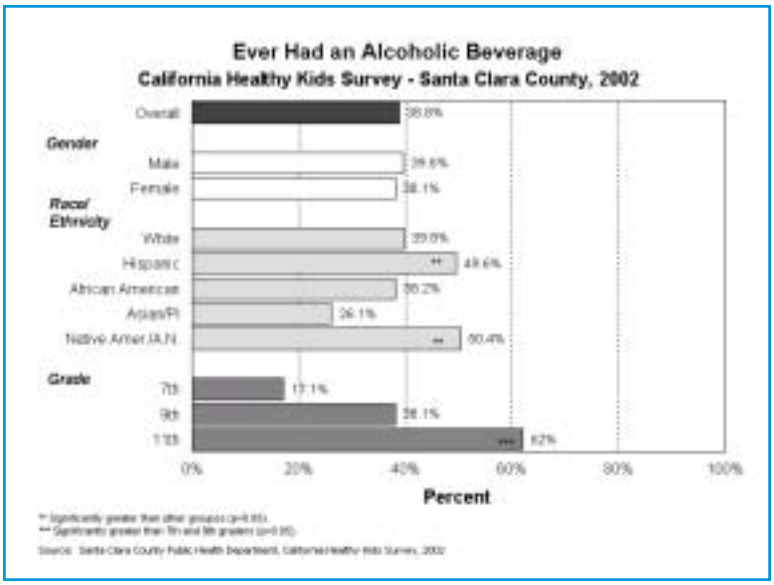
When asked where they obtained cigarettes, about 25% of 11th grade smokers reported buying them at a store. More than one-fourth of the ninth graders said that they got them from friends. Nearly 20% of 7th grade smokers indicated that they obtained cigarettes by stealing, and another 20% said through friends. Only 17% of middle school students said that they were asked for proof of age while purchasing cigarettes.

Drugs: In general, more males than females surveyed engaged in drug use (marijuana and inhalants). Asian/PI students reported the lowest proportions of drug use. More students in higher grades reported using drugs than younger students.

Overall, 46% of the students surveyed perceived getting marijuana as easy or very easy. The perception of how easy it is to obtain marijuana increased as grade level increased.

Among high school students only, 16% reported using marijuana in the past month, slightly below the statewide proportion of 18%.





Alcohol: Overall, 39% of students in middle and high school have had at least one drink of alcohol during their lifetime. In Santa Clara County, 22% of students surveyed reported that they have had at least one drink in the 30 days prior to the survey, and about 20% reported having had their first drink before age 13.

A significantly higher proportion of Hispanic and Native American students reported having had a drink at least once in their lifetime.

Almost 30% of all students had at least once in their lifetime been drunk while driving or ridden in a vehicle with a drunk driver. A higher proportion of female students (30%) reported to have engaged in this behavior compared to male students (28%). Almost 40% of Hispanic students, the largest proportion compared to students in other ethnic groups, had been drunk while driving or ridden with a drunk driver.

Of all students surveyed, 10.6% indicated that they engaged in binge drinking. The Healthy People 2010 objective is to reduce binge drinking to 2% among middle and high school students.

Sexual Behavior

In the United States, 46% of high school students[24] and 80% of college students age 18 to 24[25] have had sex. A young person's decision on whether to have sexual intercourse may be influenced by many factors, including socioeconomic status, ethnicity, family structure, educational aspirations, age, and life experiences. Unprotected sexual intercourse places young persons at risk for human immunodeficiency virus (HIV) infection, other sexually transmitted diseases (STDs), and unintended pregnancy. Responsible sexual behavior among adolescents is one of the ten leading health indicators of the national Healthy People 2010 Objectives.[26]

Sexual Behavior Indicators
Percent of 15-17 Year Old Students

	Condom Use	Have Had Sexual Intercourse	Currently Sexually Active	Used Alcohol or Drugs Before Last Sexual Intercourse	Abstain or Use Condoms
Santa Clara County 2002	61.9	24.8	17.5	23.6	85.0
California 2002	NA	NA	NA	NA	NA
2001 National YRBS (High School)	57.9	45.6	33.4	25.6	95.0

Source: Santa Clara County Public Health Department, California Healthy Kids Survey, 2002

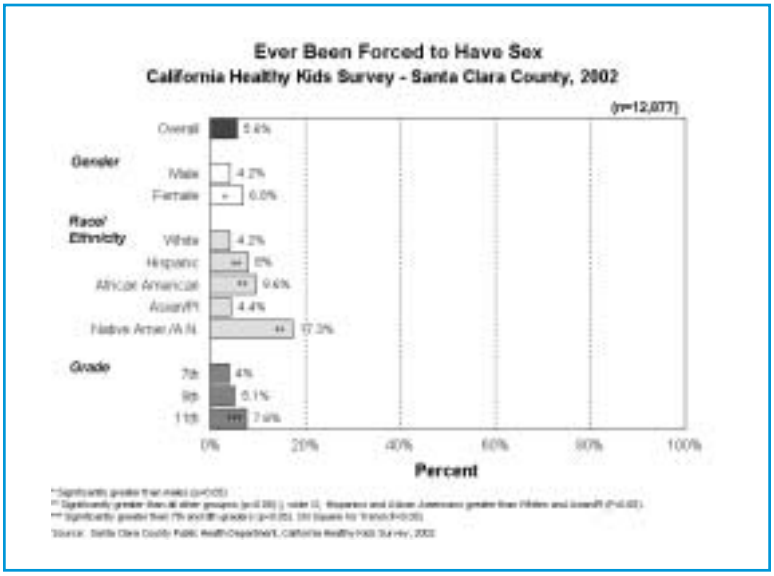
About 20% of all Santa Clara County students surveyed have had sexual intercourse at least once. This prevalence was higher among males compared to females, and higher among Hispanics, African Americans, and Native Americans compared to Whites and Asians/PIs.

About 5% of all students surveyed became sexually active before age 13. A higher proportion of males than females initiated sexual activity before age 13. Overall, 14% of all students initiated their sexual activity at or after age 13.

Approximately 18% of students surveyed were sexually active, compared to the national objective of 33% of adolescents currently sexually active. Of those Santa Clara County students who were sexually active, 24% reported using alcohol or drugs before their last sexual intercourse, compared to the Healthy People objective of 26%. About 30% of males and 19% of females had engaged in this risk behavior. Moreover, 16% of sexually active students did not use any birth control method.

Of high-school students who were sexually active, 12% reported having one partner during the past three months, whereas about 6% reported having two or more partners during the three months preceding the

survey. More males than females reported having two or more current partners. Hispanics and African-Americans reported higher proportions of having two or more partners than the other ethnic groups. Furthermore, there was a higher proportion of students in 11th grade who had two or more sexual partners in the three months preceding the survey than students in 9th grade.



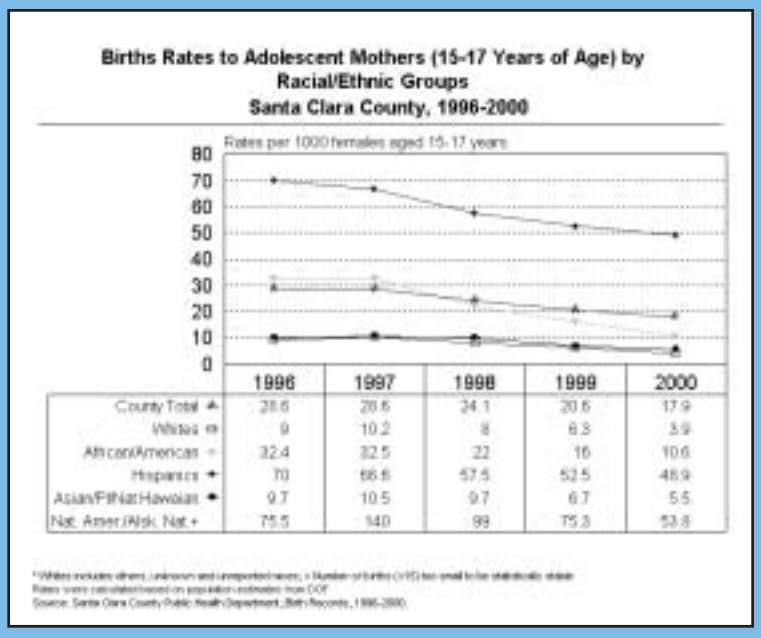
Among all students surveyed, 6% reported to have been forced to have sex. A higher proportion of female students were forced to have sex compared to male students.

About 20% of Santa Clara County students surveyed have had sex at least once.

Teen Births

Teenage parents and their children often face challenges such as poverty, lower education levels, and poor health.[27] Of the Santa Clara County students surveyed, about 3% replied to having been pregnant, or gotten someone else pregnant, at least once.

Among 15 to 17-year-old Hispanic females, the birth rate in 2000 was 48.9 per 1,000. The birth rate for African-American females was 10.6, for Asian/PI females was 5.5, and for White females was 3.9.



Suicide

Persons under age 25 accounted for 15% of all suicides in 2000. For young people 15-24 years old, suicide is the third leading cause of death in the nation.[28] The risk of suicide has been shown to increase conditions of low self-esteem, broken relationships, family stress, and drug and alcohol abuse; problems that adolescents and teenagers struggle with. Suicidal behavior can stem from feelings of depression, however, depression can remain hidden. These emotional and behavioral changes can be warning signs that a teen is considering suicide: hopelessness, powerlessness, feelings of worthlessness, social isolation, declining performance in school, declining interest in friends and hobbies, and personality changes. By identifying these risk factors, adults may be able to prevent suicide using appropriate interventions.[29]

Percent of High School Students Who Had Seriously Considered Attempting Suicide in the Past 12 Months

Santa Clara County 2002*	19.9
U.S. 2001**	19.0

*Source: Santa Clara County Public Health Department, California Healthy Kids Survey 2002

** Source: National YRBS, 2001

According to the Santa Clara County Public Health Department's death records for the year 2000, there were a total of seven suicides among county residents who were less than 20 years of age, three of which were between 13-15 years old.

Among middle and high school-aged Santa Clara County students surveyed, 21% reported that they seriously thought of committing suicide in the past. Female high school students (25%) reported that they had had thoughts of committing suicide significantly more often than males (15%).

Almost 9% of high-school students who answered this survey question reported that they had attempted suicide in the last 12 months. Female high-school students (11%) reported significantly more often than males (6%) that they had attempted suicide in the past 12 months.

Overall, 7% of middle school students who answered this survey question reported that they had attempted suicide in the past.

Twenty percent of high school students surveyed have seriously thought of committing suicide. Almost 9% of high school students reported attempting suicide in the past year.

Child Abuse & Domestic Violence

BACKGROUND

Violence and abuse is a concern among homes in Santa Clara County because of the nature of threats these acts have on the welfare of families and children. Child abuse falls into several categories: physical, emotional, or sexual. Neglect can constitute child abuse and is defined as a pattern of failure to provide for the child's physical and emotional needs. Domestic violence is a pattern of abuse in an intimate relationship where one partner controls the other through force, intimidation or threat of violence. Abused children and those who witness domestic violence often have higher rates of behavioral, emotional, and academic problems later in life.

HOW ARE WE DOING?

Incidence of Child Abuse Per 1,000 Children (Based on Child Population 0-17 Years)

	Reported	Substantiated
Santa Clara County 2001	40.2	7.2
California 2001	56.1	12.3

Source: California Children's Services Archive, Child Welfare Services, 2001

KEY FINDINGS

Child Abuse: According to the Santa Clara County Social Services Agency, there were 22,735 child abuse reports in 2001. Reports of child abuse are investigated and determined to be either unfounded, inconclusive, or substantiated cases. In Santa Clara County, 17.9% of child abuse referrals were substantiated in 2001.

In 2001, general neglect, physical abuse, and emotional abuse were most often reported. Most of the child abuse/neglect cases were among children between 5-14 years of age. Of all the ethnicities, Hispanics comprised the largest percent of the child abuse/neglect cases. Overall, the incidence of child abuse, based on the child population, has been consistently much lower than trends seen in the state of California.[30, 31]

Domestic Violence: Results from the Public Health Department's Behavioral Risk Factor Survey 2000 report revealed that domestic violence has been prevalent in the County. Approximately 9% of respondents reported being injured as a child and 10% witnessed parental violence as a child. Of those who reported having been abused before their 18th birthday, 62% were abused by someone five or more years their senior.[32]

According to California Department of Justice, there were a total of 6,400 domestic violence-related calls for assistance in Santa Clara County during 2001, with a rate of 3.75 calls per 1,000 residents and slightly lower than the state's rate of 5.70. Of these calls, 76% (4,859) involved a weapon. During 2000, 1,895 Emergency Protective Restraining Orders were issued in the County, with about half involving children at home.[33, 34]

Academic Performance and Expenditures

School success is often assessed by the academic performance of students. However, the expenditure per student can also influence students' overall education. Per pupil spending statistics reflect the current expense of education and average daily attendance (ADA) in California school districts as defined by the California Department of Education.

A heightened emphasis on educational standards and testing in California's public schools has occured in recent years. The Academic Performance Index (API) is a school's measure of their students' performance on the Standardized Testing and Reporting (STAR) exam. The purpose of the standardized exam is to determine how well students are learning skills and knowledge required by the California Academic Content Standards for each grade or course. The STAR exam determines the achievement of each student compared to a national sample of students tested in the same grade at the same time of the school year. Each year, schools are given a target API score with incentives for achieving that score.

Academic Performance Index (API) Scores

	Percent of Schools Meeting API Growth Target (2000-2001)
Santa Clara County (Spring 2000)	78
California	70

Source: Santa Clara County Office of Education, 2002

Academic Achievement: Compared to statewide scores at each and every grade level, Santa Clara County students fared higher in reading, math, and science in the STAR exam (SAT9).[35] In addition, 78% of Santa Clara County schools in the 2000-2001 school year met their school-wide API growth target, compared to 70% of schools for California as a whole.

Expenditure: During the Fiscal Year from 1999-2000, the average spending per pupil in Santa Clara County was $6,521, which is higher than the California average of $5,462 but lower than the nation's average of $6,911. Per pupil spending in the County was $6,113 in elementary schools, $7,202 in high schools, and $6,732 in unified schools.[36, 37, 38]

Violence and Crimes

BACKGROUND

Exposure to crime, or threats of crime, interferes with the learning environment and overall well-being of youth. Local planners and policymakers in both public and private sectors can use recent data to direct resources to various school violence and crime prevention programs. Studies show that broad-based comprehensive approaches that combine collaborative efforts of family, school, and community and focus on positive youth development and involvement result in increased academic achievement and reduced risk behaviors.[39]

California schools also practice "Zero Tolerance" policies against firearms in schools due to the nation's "Federal Gun-Free Schools Act of 1994." Hence, any student who brings a firearm to school is automatically expelled. Furthermore, schools practice similar policies of possession of any type of weapon, including knives and firearms.[40]

HOW ARE WE DOING?

Percent of Adolescents Carrying Weapon on School Property

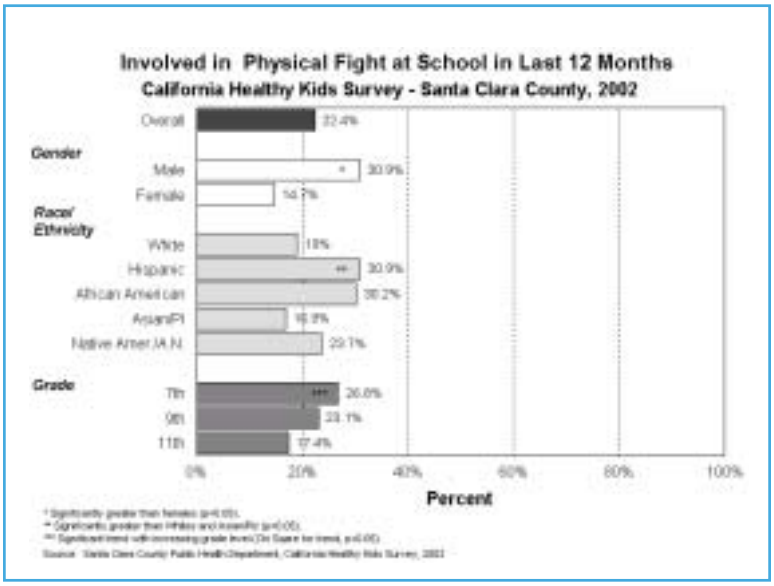
Santa Clara County 2000	
9th Grade	5.5
11th Grade	6.9
Healthy People 2010 Objective	
9th – 12th Grades	6.0

Source: Santa Clara County Public Health Department, California Healthy Kids Survey, 2002

KEY FINDINGS

Physical Fighting

Overall, 22% of Santa Clara County students surveyed were involved in a physical fight at school during the last 12 months. About twice as many males (31%) as females (15%) were involved in fights. Fighting decreased as students progressed to higher grade.



continued…

Violence and Crimes continued

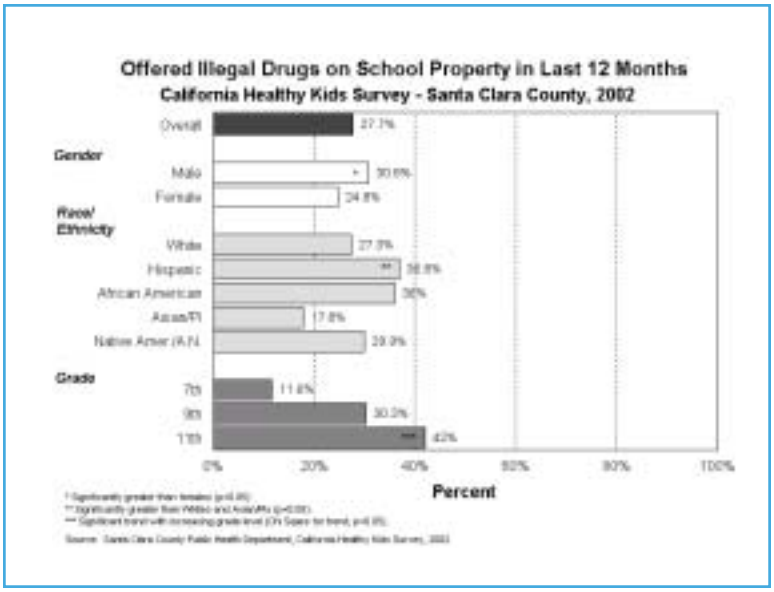
KEY FINDINGS

Crimes Against Persons on School Campuses: The California Safe Schools Assessment provides data on crime rates against persons (number of incidents per 1,000 students) in public school districts and County Office of Education campuses. Of the 254,004 students enrolled from Kindergarten to high school during the 2000-2001 school year, 0.5% (1,121) of students committed crimes against persons on school campuses. The highest offense rate was for battery (3.67), similar to the 1999-2000 rate (3.64). Crimes on school campuses cost Santa Clara County school districts and the County Office of Education a total of $671,854 in the 2000-2001 school year.[39, 41]

Possession of Weapon: Of the 254,004 students enrolled in Santa Clara County public school districts, 0.1% (257) of students committed possession of weapon offenses in the 2000-2001 school year.[41] Overall, 3% of students surveyed reported carrying a gun on school property during the past 12 months. Males reported that they carried a gun on school property significantly more often than females in the last 12 months.

Juvenile Felony Arrests: In 2001, the felony arrest rate per 100,000 youth in Santa Clara County was 1344.5, slightly down from 1636.1 the previous year. The majority (82%) of those arrested were males. Most arrests were made for property offenses, followed by violent offenses, other offenses, drug offenses, and sex offenses. Overall, the juvenile felony arrest rates among Santa Clara County juveniles were similar to California's figures.[42]

Overall, 28% of Santa Clara County students surveyed reported being offered drugs on school property. Higher proportions of Hispanics and African Americans reported being offered drugs at school. Male students were more likely to report that they were offered drugs on school property than female students. More than 40% of 11th grade students reported being offered illegal drugs on school property.



Data Gaps

The information presented in the full report spans a broad spectrum of issues related to the welfare of Santa Clara County's children across the four domains: health and well-being, family stability, community safety, and school success. Indicators within domains were selected with a focus towards accurate and timely data that can be used for planning and collaborative action to improve the lives of children.

There was an abundant amount of primary data collected with the CHKS survey, so much that not all of the analysis could be presented in the Executive Summary or the full report. Furthermore, the collaboration between the Public Health Department and Cross Systems Evaluation has resulted in access to more data and better interpretation of data that are available than ever before. At the same time, gaps in information were revealed across the domains and indicators, resulting in a less than complete portrait of the county's children. Additional data gaps were identified during a Community Forum, hosted by the Public Health Department and Cross Systems Evaluation in March 2003, at which community members were given the opportunity to preview data and provide feedback. The gaps fall under two broad categories: content and analysis.

Content Gaps

Data were missing or insufficient for the following topics related to the well-being of children.

1. County-wide breastfeeding rates
2. County-wide mental health prevalence rates for children
3. Behavior risk data for elementary age children and private-school students
4. Resilience data, including peer and child-adult/family relationships
5. Foster care indicators
6. Child abuse indicators

Analysis Gaps

County-wide data are an important foundation to understanding the status of our children's welfare, but county-wide statistics can mask underlying disparities across geographic, ethnic/racial, age, gender, and other distinctions. Consequently, continued effort to analyze and present information that can assist in better understanding these disparities is essential. The following additional analyses were identified as data gaps.

1. Geographical analysis by school district, neighborhood, city, poverty zones, etc.
2. Further breakdown of ethnic/racial categories, particularly in the Asian/Pacific Islander category
3. Multiple year comparisons of data

Next Steps

Transforming Data Into Action

The purpose of this report is to provide meaningful, accurate, and timely data to community members, organizations, institutions, and policy makers in both public and private sectors to be used for improving the lives of Santa Clara County's children and youth. The information can be used for strategic planning, resource allocation, program design, evaluation, policy development, and coalition building.

The ten key indicators highlighted in this Executive Summary of Santa Clara County's Children and Youth Report can be positively impacted by prevention and early intervention strategies aimed at eliminating disparities and, where applicable, achieving the Healthy People 2010 Objectives. Given the current economic conditions and reductions in governmental and private funding for local programs, community partnerships are increasingly important for closing gaps in health status, school success, family stability, and community safety. The report can be a catalyst for the community to apply best practices to any and all of the key findings.

Data Gaps and Future Reports

This is the second comprehensive children's report the Public Health Department has produced as part of its role in monitoring the health status of Santa Clara County's residents. As a result of the partnership between Cross Systems Evaluation and the Public Health Department, this report extends beyond the first publication to address topics outside of the health domain. Planning is underway to produce a third report in the fall of 2004, with California Healthy Kids Survey data collection occurring in fall 2003. The goal is to continue to expand the circle of participants in the development of the report in order to fill data gaps and provide increasingly rich information to guide data-driven decision making. Efforts are underway to collect and analyze the CHKS data geographically. Additionally, the CHKS resiliency module will be implemented and the data will be analyzed and presented. Finally, multiple year comparisons will be available in the subsequent report, providing us with a better understanding of trends across the four domains.

Glossary

Asian/PI: Asian/Pacific Islander

CHKS: California Healthy Kids Survey

Healthy People 2010 Objectives: The Healthy People Year 2010 Objectives are a national set of benchmarks developed by a consortium of groups in association with the U.S. Department of Health and Human Services. Objectives were developed for some special populations based on baseline national statistics. On a cautionary note, since the racial/ethnic composition of Santa Clara County is different than the U.S., both Y2000 and Y2010 objectives may not always provide appropriate measures for our county. (U.S. Department of Health and Human Services, January 2000).

Infant Mortality Rate: The proportion (number of deaths per 1,000 live births) of babies who are born in a given year and die within their first year of life. (U.S. Department of Health and Human Services, 2000).

Nat. Amer./A.N.: Native American/Alaskan Native

Neonatal Mortality: Infant death at full-term birth (0 days old) to 27 days old. (U.S. Department of Health and Human Services, 2000)

Overweight: Excess body weight. A Body Mass Index (BMI) between 25 and 29.9 is considered overweight. (U.S. Department of Health and Human Services, 2000)

Perinatal Mortality: Infant death at 20 or more weeks gestation. (U.S. Department of Health and Human Services, 2000)

Prenatal Care: Care provided to pregnant women to prevent complications and reduce incidence of maternal and infant mortality. It typically includes three components: risk assessment, treatment for medical conditions or risk reduction, and education. (U.S. Department of Health and Human Services, 2000).

Prevalence: The number of events, e.g., instances of a given disease or other condition, in a given population at a designated time. (Last et al for the International Epidemiological Association, Inc., 1995)

Rate: The basic measure of disease occurrence that most clearly expresses the probability of risk of disease in a defined population over a specified period of time. A rate is defined as a number of events divided by population at risk. (U.S. Department of Health and Human Services, 2000)

SCC: Santa Clara County

Substance Abuse: The problematic consumption or illicit use of alcoholic beverages, tobacco products, and drugs, including misuse of prescription drugs. (U.S. Department of Health and Human Services, 2000).

Vigorous Physical Activity: Participation in physical activity or exercise resulting in sweating or breathing hard, that promotes cardiorespiratory fitness, 3 or more days per week for 20 or more minutes per occasion. (U.S. Department of Health and Human Services, 2000).

YRBS:Youth Risk Behavior Survey 2001

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